

Using Network Analysis in the Creation of Referral Linkages: Organizational Network Analysis

SUMMARY

- The ONA identifies and maps the connections between service providers
- The ONA consists of two data collection activities that enable providers to make data-based decisions
- Data collection tools are flexible and can be applied using paper or mobile data collection systems
- The ONA produces the following outputs: 1) service directory, 2) gap analysis, and 3) sociograms, to inform stakeholders about the existing capacity of their network and help to identify locations where modifications are necessary

AROUND THE WORLD

LIFT II has conducted the ONA in the following countries and sites. With each successive iteration, the tool has been adapted through lessons learned from preceding experiences and tailored to the respective local context.

MALAWI: Balaka (1 site)

THE DEMOCRATIC REPUBLIC OF THE CONGO: Kinshasa (2 sites)

NAMIBIA: Khomas (1 site) and Ohangwena (1 site)

TANZANIA: Iringa (3 sites)

LESOTHO: Mphahle's Hoek (1 site) and Thaba-Tseka (1 site)

INTRODUCTION

In many communities, utilization of existing economic and health services is under-developed. Existing service delivery networks represent a complex web of local, national and international partners that often lack efficient referral processes for clients. Additionally, these networks lack the ability to identify redundancies, communicate clearly between organizations, improve the quality of service delivery and measure the movement of clients from one organization to another.

The Livelihoods and Food Security Technical Assistance II (LIFT II) project works with local service providers to increase economic opportunities and improve the health of vulnerable households, particularly those affected by HIV and AIDS. This is accomplished through a systems strengthening approach that is informed by data-based decision-making and incorporates network stakeholders' feedback. This approach serves the greater community with a focus on those who are most in need.

CONDUCTING AN ONA

An organizational network analysis (ONA) is the first step for organizations to understand how their work relates to others in the same area. The ONA also provides systemic data that guide decision-making. The ONA consists of data collection activities that 1) describe the organizations in the community and the services they provide, and 2) identify linkages between organizations. The ONA data are collected in two phases: first, an enumeration and mapping of local organizations and second, interviews with service providers.

The goal of the enumeration phase is to identify providers of health (nutrition and HIV), economic strengthening, livelihoods, and food security services (Table 1) as well as providers who have experience referring clients among these four service sectors. The enumeration phase typically occurs over 2-3 days. Data collectors use a consistent and locally tailored data collection tool, and the process results in a list of relevant providers.

In the second phase spanning 5-8 days, structured interviews are conducted with staff at each identified organization with the goal of providing a clear understanding of the services they provide and how each organization is linked with other organizations in the community. Interviewers collect information on the following:

- The array of services the organizations provide.
- The types of linkages or relationships among their organization and others in the area.
- The frequency with which linkages or referrals occur among organizations.
- The quality of the relationships among their organization and others.
- Whether the relationships reported are confirmed by partner organizations.

Data collection training and administration is rapid (taking between 7-11 days) and can be conducted using either paper-based or electronic (tablet) forms. Replication/modification of data collection forms requires minimal training and the data are presented in simple graphics that help providers make data-based decisions.



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TYPES OF SERVICES ASSESSED IN LIFT II'S ONA

HEALTH

- Nutrition Assessment, Counseling and Support services (the entry point for LIFT II)
- Service providers with expertise in referring clients (to/from services in health or any other sectors)

ECONOMIC STRENGTHENING

- Loans and microfinance
- Savings programs
- Microinsurance
- Cash grants
- Cash transfer
- School financing
- Other financial services

LIVELIHOODS

- Financial/business management
- Agricultural training
- Vocational training
- Workforce development
- Enterprise development
- Marketing
- Health training (especially HIV and nutrition)
- Other livelihoods trainings

FOOD SECURITY

- Food aid
- Food subsidies
- Livestock/animal husbandry
- Crop-based agricultural production
- Food/agricultural processing
- Food/agricultural storage
- Food/agricultural trade and marketing

ONA OUTPUTS

The ONA produces four concrete sets of outputs to help local stakeholders understand their network in a new way.

1. **GIS map** of the network service providers that is created using GPS coordinate data
2. Draft **service directory** that is vetted during stakeholder meetings to ensure that the organizational information (i.e., provider name, main service areas, contact names, phone number, etc.) is accurately captured and presented
3. Draft **gap analysis** that shows which service providers offer certain services as well as the existing service gaps within the network
4. A set of **organizational sociograms** that helps visualize existing relationships between service providers

ONA IN ACTION

In early 2013, LIFT conducted an ONA in Malawi's Balaka District, where the team identified 44 organizations of interest and ultimately conducted 27 organizational interviews. The assessment was followed by a stakeholder meeting to disseminate the ONA's findings and discuss how the information would inform the establishment of a referral network.

Attendees included representatives of organizations that participated in the ONA, district and national government agencies and USAID. Together these stakeholders identified challenges providers will face in making referrals, developed specific strategies for building a referral network, and agreed to work together—with a local Civil Society Organization (CSO) Network taking the lead—to strengthen the referral network and processes.

Collecting data for the ONA is done with the goal of facilitating quick analysis and data-based decision-making. In the early stages of implementing the ONA data collection has been done using both paper and electronic systems.

LESSONS LEARNED

Before LIFT's work in Malawi, the ONA methodology had been used to assess relationships only among health services organizations in urban areas. In Balaka, a rural district, the tool was adapted to accommodate numerous services in different sectors, determine geographic boundaries and defined the types of services eligible for participation. Experience-based refinements were made to streamline an assessment at sites in the Democratic Republic of the Congo in June and July 2013: data collector training including tablet-based data collection and the inclusion of questions about enrollment and client eligibility. As LIFT II has moved into conducting the ONA in Namibia, Tanzania and Lesotho, further refinements to the tool have been made including removing some questions for simplification and revising others for clarity.

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For more information on LIFT II, please visit our website: www.theliftproject.org

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